



Home Health Billing Tips For Services Provided To Members Enrolled In A Masshealth Managed Care Organization (MCO)

- Home Health Bulletin 32 (August 1998) states that **all** home health payments for the following services must be obtained from the MCO: home health aide, skilled nursing visits, physical therapy, occupational therapy and speech and language therapy.
- Private duty nursing services are covered and can be billed to MassHealth. No explanation of benefits (EOB) from the MCO is necessary.
- Home health claims for HMO Blue, Tufts or Pilgrim can be submitted to MassHealth regardless of the date of service. An EOB from the MCO is required. The provider must write MassHealth MCO on the EOB.
- If the MCO denies a claim incorrectly the provider should appeal to the MCO. If the appeal is denied the service should not be provided.
- Members disputing the MCO's decision may be referred to Member Services at 800-841-2900.
- MassHealth Basic members have limited home health coverage through the MCO. The MCO must be contacted for the service limitations. Home Health services not covered by the MCO are the member's responsibility.
- Please remember that a prior authorization (PA) number is required for skilled nursing services for MassHealth Basic members with a PCC. Claims submitted without a PA will be denied. Please see transmittal letter HHA-29 (July 1997) for additional information. To request a prior authorization please call 617-451-7176.